

CLAIMS ONLY

Application Number:

Filing Date

~~Applicant(s)~~

1506

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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49						
50						
Total Indep			2			
Total Depend			9			
Total Claims			11			

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						